TEAM ROSTER	
TEAM NAME	
TOURNAMENT	.
AGE GROUP	.

MANAGER'S NAME	CONTACT #	EMAIL ADDRESS

ASST. COACHES NAME	CONTACT #	EMAIL ADDRESS	

#	PLAYER'S NAME	D/O/B	CONTACT #	PARENT NAME	PARENT EMAIL

MANAGER ACKNOWLEDGES THAT ALL PARENTS HAVE READ AND AGREE TO TOURNAMENT WAVIER FORM

SIGNATURE:	DATE:

EMAIL FORM TO:
kronoscgllc@gmail.com